



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C111209

1. DATE OF REPORT 2/23/2012	OFFICE USE ONLY
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INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE HOPPE FOR COUNCIL	
3. COMMITTEE MAILING ADDRESS 607 BLUFFDALE CITY / STATE / ZIP COLUMBIA MO 65201	4. COMMITTEE TELEPHONE NUMBER (573) 424-9668
5. TREASURER'S NAME VICKY RIBACK WILSON	
6. TREASURER'S MAILING ADDRESS 3201 BLACKBERRY LANE CITY / STATE / ZIP COLUMBIA MO 65201	7. TREASURER'S TELEPHONE NUMBER HOME: (573) 449-1747 WORK:
8. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER VICKI HOBBS	
9. DEPUTY TREASURER'S MAILING ADDRESS 4001 COATS LANE COLUMBIA MO 65203 CITY / STATE / ZIP	10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME: (573) 289-4067 WORK:
11. DATE OF ELECTION 4/3/2012	12. TYPE OF ELECTION (CHECK ONE) <input type="radio"/> PRIMARY <input checked="" type="radio"/> GENERAL <input type="radio"/> SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT FROM 1/1/2012 THROUGH 2/18/2012	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY BARBARA HOPPE 607 BLUFFDALE COLUMBIA MO 65201 (573) 424-9668 COUNCIL PERSON CITY OF COLUMBIA <input type="checkbox"/> CHECK IF INCUMBENT <input type="checkbox"/> REPUBLICAN <input type="checkbox"/> DEMOCRAT <input checked="" type="checkbox"/> NON-PARTISAN	15. TYPE OF REPORT <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Apr 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> Oct 15 <input type="checkbox"/> 8 DAYS BEFORE <input type="checkbox"/> 30 DAYS AFTER ELECTION <input type="checkbox"/> TERMINATION (ATTACH FORM CO-3) <input type="checkbox"/> SEMIANNUAL DEBT REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> ANNUAL SUPPLEMENTAL, JAN 15 <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE <input checked="" type="checkbox"/> OTHER 40 Day Before General Election-4/3/2012 <input type="checkbox"/> AMENDING PREVIOUS REPORT DATED _____, 20____
16. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. ELECTRONICALLY FILED Feb 23 2012 3:50PM _____ TREASURER'S SIGNATURE	17. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. ELECTRONICALLY FILED Feb 23 2012 3:50PM _____ CANDIDATE'S SIGNATURE



Missouri Ethics Commission

REPORT SUMMARY

Instructions on Reverse Side

Name of Committee	Date of Report	Office Use Only
HOPPE FOR COUNCIL	2/23/2012	

Receipts	A. This Period	B. This Calendar Yr or Election Cycle	Statement of Beginning and Ending Financial Condition	
1. Total Receipts For This Election Previously Reported		\$ 8,361.05		
2. All Monetary Contributions Received This Period	\$ 3,005.00		Money On Hand	
3. All Loans Received This Period	+ 0.00			
4. Miscellaneous Receipts This Period	+ 0.00			
5. Subtotal Monetary Receipts This Period (Sum 2A + 3A + 4A)	\$ 3,005.00		24. Money On Hand at the beginning of this reporting period (Including funds in depository, cash, savings accounts and all other investments)	\$ 6,319.20
6. In-kind Contributions Received This Period	+ 28.79		25. Monetary Receipts this Period (From Item 5 - this page)	+ 3,005.00
7. Total All Receipts This Period (Sum 5A + 6A)	\$ 3,033.79		26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23)	- 802.04
8. Total All Receipts This Election (Sum 1B + 7A)		\$ 11,394.84	a) Disbursements By Check \$ 802.04 b) Disbursements By Cash \$ 0.00	
Expenditures	A. This Period	B. This Calendar Yr or Election Cycle		
9. Total Expenditures for this election previously reported		\$ 1,871.65	27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26)	\$ 8,522.16
10. Expenditures made by cash or check this period	\$ 482.19		Indebtedness	
11. In-Kind Expenditures made this period	+ 0.00			
12. Expenditures incurred this period (not including loans) including payments made by credit card (line 17 CD3)	+ 375.00			
13. Total All expenditures made this period (Sum 10A + 11A + 12A) Including payments made by Credit Card (line 17 CD3)	\$ 857.19		28. Outstanding Indebtedness at the beginning of this period	\$ 694.85
14. Total Expenditures This Election (Sum 9B + 13A)		\$ 2,728.84	29. Loans Received This Period	+ 0.00
Contributions Made	A. This Period	B. This Calendar Yr or Election Cycle		
15. Total Contributions Made For This Election Previously Reported		\$ 0.00	30. A. New Expenditures Incurred This Period (include payments by Credit Card (Line 17 CD3)	+ 375.00
16. All Contributions Made This Period (25A or 25B of CD3)	A 0.00 B 0.00	↔ Cash/Check ↔ Credit Card	B. New Contributions Made by Credit Card (Line 25B CD3)	+ 0.00
17. All In-Kind Contributions Made This Period	+ 0.00		31. Payments Made on Loans This Period	- 0.00
18. Total Contributions Made This Period (Sum 16A + 17A)	\$ 0.00		32. Debt Forgiven on Loans This Period	- 0.00
19. Total All Contributions Made This Election (Sum 15B + 18A)		\$ 0.00	33. Payments Made This Period on Expenditures Incurred in Previous Period (Paid by Cash/Check Only) (Line 21 this page)	- 319.85
Other Disbursements	A. This Period	B. This Calendar Yr or Election Cycle	34. Total Indebtedness at the Close of This Reporting Period (Sum 28 + 29 + 30A + 30B - 31 - 32 - 33)	\$ 750.00
20. Funds Used For Paying Loans This Period Including Credit Card Payments	+ 0.00			
21. Payments This Period on Prev Reported Expend Incurred (Paid by Cash/Check Only)	+ 319.85			
22. Any Miscellaneous Disbursement Not Reported Elsewhere	+ 0.00			
23. Total Other Disbursements This Period (Sum 20A + 21A + 22A)	\$ 319.85			



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS AND LOANS RECEIVED
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE HOPPE FOR COUNCIL		2. REPORT DATE 2/23/2012	
A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.		4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)			
NAME:			
ADDRESS:			\$
CITY / STATE:			
EMPLOYER:			
<input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME:			
ADDRESS:			\$
CITY / STATE:			
EMPLOYER:			
<input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME:			
ADDRESS:			\$
CITY / STATE:			
EMPLOYER:			
<input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME:			
ADDRESS:			\$
CITY / STATE:			
EMPLOYER:			
<input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME:			
ADDRESS:			\$
CITY / STATE:			
EMPLOYER:			
<input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$ 0.00	
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+ \$ 3,028.79	
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 3,028.79	
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$ 3,000.00	
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS		\$ 28.79	
B. NON-ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)		AMOUNT RECEIVED	
11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM CD1A		\$ 0.00	
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		\$ 5.00	
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$ 0.00	
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS		\$ 0.00	
C. LOANS RECEIVED			
15. NAME AND ADDRESS OF LENDER		16. DATE RECEIVED	17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B)
NAME:			
ADDRESS:			
CITY / STATE:			\$
NAME:			
ADDRESS:			
CITY / STATE:			\$
18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)		\$ 0.00	
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES		\$ 0.00	
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)		\$ 0.00	
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)		\$ 28.79	
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$ 3,005.00	
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$ 3,000.00	



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE HOPPE FOR COUNCIL	DATE 2/23/2012
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INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE. 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
NAME: ADDRESS: Mike Sleadd CITY / STATE: 607 Bluffdale Columbia MO 65201 EMPLOYER: Stephens College -- Department Chair <input type="checkbox"/> COMMITTEE:	1/4/2012 ----- \$ 28.79	\$ 28.79 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Tim and Linda Harlan CITY / STATE: 51 S Glenwood Columbia MO 65203 EMPLOYER: Self-employed -- Attorney <input type="checkbox"/> COMMITTEE:	1/7/2012 ----- \$ 0.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Margaret Tyler CITY / STATE: 805 Edgewood Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	1/7/2012 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Thomas Gutel CITY / STATE: 2221 Bluff Blvd Columbia MO 65201 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	1/8/2012 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Marjorie Pinkerton CITY / STATE: 20 Springer Columbia MO 65201 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	1/9/2012 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Lynne Johnson CITY / STATE: 1715 Cliff Columbia MO 65201 EMPLOYER: Five Rivers Services -- Biologist <input type="checkbox"/> COMMITTEE:	1/10/2012 ----- \$ 30.00	\$ 30.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jim and Fran Muench CITY / STATE: 2711 Mallard Columbia MO 65201 EMPLOYER: Self-employed -- Public Relations <input type="checkbox"/> COMMITTEE:	1/10/2012 ----- \$ 20.00	\$ 20.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Diane Booth CITY / STATE: 3609 Holly Hills Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	1/14/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

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(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE HOPPE FOR COUNCIL	DATE 2/23/2012
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INSTRUCTIONS

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Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: M.G. Neuffer CITY/STATE: 2003 Valley View Columbia MO 65201 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	1/14/2012 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jonathan and Anntonette Odle CITY/STATE: 1605 Saddlebag Columbia MO 65201 EMPLOYER: Odle & Associates -- Owner <input type="checkbox"/> COMMITTEE:	1/14/2012 ----- \$ 90.00	\$ 90.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Frank Rae CITY/STATE: 806 N Valley View Columbia MO 65201 EMPLOYER: USPostal Service -- Carrier <input type="checkbox"/> COMMITTEE:	1/14/2012 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jack Clark CITY/STATE: 208 E Briarwood Columbia MO 65201 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	1/17/2012 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Roger and Mary Bumgarner CITY/STATE: 1601 S Rustic Rd Columbia MO 65201 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	1/19/2012 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Daniel and Elissa Jost CITY/STATE: 608 Bent Path Columbia MO 65203 EMPLOYER: Self-employed -- Hair Studio <input type="checkbox"/> COMMITTEE:	1/19/2012 ----- \$ 90.00	\$ 90.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Batek & Benson CITY/STATE: 222 N Eighth Columbia MO 65201 EMPLOYER: <input type="checkbox"/> COMMITTEE:	1/21/2012 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Daniel and Wilma Jordan CITY/STATE: 2700 Cardinal Dr Columbia MO 65201 EMPLOYER: State of MO -- Attorney <input type="checkbox"/> COMMITTEE:	1/21/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE HOPPE FOR COUNCIL	DATE 2/23/2012
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INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Jon Curby CITY / STATE: 1201 S Rustic Rd Columbia MO 65201 EMPLOYER: Orthopedic Foundation for Animals -- Chief Information Office <input type="checkbox"/> COMMITTEE:	1/22/2012 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jack and Win Colwill CITY / STATE: 1417 N Countryshire Columbia MO 65202 EMPLOYER: Univ of Mo -- Physician <input type="checkbox"/> COMMITTEE:	1/25/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jenny Young CITY / STATE: 28 N Eighth #517 Columbia MO 65201 EMPLOYER: Self-employed -- Attorney <input type="checkbox"/> COMMITTEE:	1/25/2012 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Bertrice Bartlett CITY / STATE: 1627 Wilson Columbia MO 65201 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	2/12/2012 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Joe and Meredith Donaldson CITY / STATE: 1001 Pheasant Run Columbia MO 65203 EMPLOYER: Univ of MO -- Professor <input type="checkbox"/> COMMITTEE:	2/12/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Theodore Koditschek CITY / STATE: 2508 Shepard Columbia MO 65201 EMPLOYER: Univ of MO -- Professor <input type="checkbox"/> COMMITTEE:	2/12/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Stanley Manahan CITY / STATE: 2005 Woodledge Columbia MO 65201 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	2/12/2012 ----- \$ 20.00	\$ 20.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Elizabeth Schmidt CITY / STATE: 1700 Forum #3101 Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	2/12/2012 ----- \$ 150.00	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE HOPPE FOR COUNCIL	DATE 2/23/2012
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INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Richard Shanker CITY / STATE: Box 10202 Columbia MO 65205 EMPLOYER: Self-employed -- Electrician <input type="checkbox"/> COMMITTEE:	2/12/2012 ----- \$ 40.00	\$ 40.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Benjamin and Emily Vanschenkhof CITY / STATE: 4711 Birch Cove Fulton MO 65251 EMPLOYER: Self-employed -- Carpenter <input type="checkbox"/> COMMITTEE:	2/12/2012 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jane Crow CITY / STATE: 2510 Corona Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	2/17/2012 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Patricia Gulmez CITY / STATE: 3616 Southland Columbia MO 65201 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	2/17/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ron and Deanna Walkenbach CITY / STATE: 407 Pyrenees Columbia MO 65203 EMPLOYER: Lions Eye Institute -- Exec Director <input type="checkbox"/> COMMITTEE:	2/17/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Barbara Davis CITY / STATE: 4655 Rock Quarry Columbia MO 65201 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	2/3/2012 ----- \$ 125.00	\$ 125.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: John and Aline Kultgen CITY / STATE: 1012 Hickory Hill Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	2/3/2012 ----- \$ 35.00	\$ 35.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mahree Skala CITY / STATE: 5201 Gasconade Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	2/3/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE HOPPE FOR COUNCIL	DATE 2/23/2012
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INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Karl Kruse CITY / STATE: 2405 Lynnwood EMPLOYER: Columbia MO 65203 Retired <input type="checkbox"/> COMMITTEE:	2/23/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Frank Stack CITY / STATE: 409 Thilly EMPLOYER: Columbia MO 65203 Retired <input type="checkbox"/> COMMITTEE:	2/23/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ben Londeree CITY / STATE: 2601 Chapel Wood EMPLOYER: Columbia MO 65203 Univ of MO -- Prof Emeritus <input type="checkbox"/> COMMITTEE:	2/23/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

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(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
EXPENDITURES AND CONTRIBUTIONS MADE
 Instructions on Reverse Side

Office Use Only

1. Name of Committee HOPPE FOR COUNCIL		2. Report Date 2/23/2012	
A. Expenditures of \$100 or Less by Category (List Payments to Campaign Workers in Section B Below)			4. Amount Paid or Incurred This Period
3. Category of Expenditure View Supplemental Form(s)			
5. Subtotal: Non-Itemized Expenditures This Page (Sum Column 4)			\$ 0.00
6. Subtotal: Non-Itemized Expenditures Any Attached Pages			+ 249.61
7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6)			\$ 249.61
B. Itemized Expenditures All Over \$100 And All Payments To Campaign Workers			
8. Name and Address of Recipient	9. Date	10. Purpose - (If Payment was to a Campaign Worker, Show Aggregate Paid)	11. Amount This Period
Name: Hotcards Address: 1600 E 23rd St City / State: Cleveland OH 44114	1/24/2012	Printed campaign materials	\$ <input checked="" type="checkbox"/> Paid 232.58 <input type="checkbox"/> Incurred
Name: Progressive Political Partners LLC Address: 4001 S Coats Ln City / State: Columbia MO 65203	2/18/2012	Strategic Planning & Mgmt	\$ <input type="checkbox"/> Paid 375.00 <input checked="" type="checkbox"/> Incurred
Name: Address: City / State:			\$ <input type="checkbox"/> Paid <input type="checkbox"/> Incurred
12. Subtotal: This Page (Sum Column 11)			\$ 607.58
13. Subtotal: Any Attached Pages			+ 0.00
14. Total: Itemized Expenditures This Period (Sum 12 + 13)			\$ 607.58
15. Total: Monetary Expenditures This Period (Sum 7 + 14)			\$ 857.19
16. Amount of Line 15 Above which was Paid Out This Period			\$ 482.19
17. Amount of Line 15 Which Were Expenditures Incurred This Period Including Payments Made by Credit Cards			\$ 375.00
18. If Committee Made Any In-Kind Expenditures This Period, List Amount			\$ 0.00
19. Funds Used For Paying Loans/Credit Cards This Period (Attach Form CD1B - amount goes to Line 5 / Part II)			\$ 0.00
C. Contributions Made (Regardless of Amount)		21. Date	22. Amount
20. Name and Address of Candidate or Committee			\$ <input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind
Name: Address: City / State:			\$ <input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind
Name: Address: City / State:			\$ <input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind
Name: Address: City / State:			\$ <input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind
23. Subtotal: This Page (Sum Column 22)			\$ 0.00
24. Subtotal: Any Attached Pages			\$ 0.00
25. Total: Monetary Contributions Made This Period		A. By Cash / Check	\$ 0.00
		B. By Credit Card	\$ 0.00
26. If Committee Made Any Loans This Period, List Amount			\$
27. Total: All Monetary Contributions and Loans Made This Period (Sum 25 + 26)			\$ 0.00
28. Total: In-Kind Contributions Made This Period, List Amount			\$ 0.00



NAME OF COMMITTEE
HOPPE FOR COUNCIL

DATE
2/23/2012

(LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B ON FORM CD3 OR USE FORM CD3 SUP B)

AMOUNT PAID OR
INCURRED THIS PERIOD

CATEGORY OF EXPENDITURE

Office supplies

\$	119.19
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Printed campaign materials

\$	60.47
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Campaign button supplies

\$	69.95
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TOTAL: ITEMIZED EXPENDITURES THIS PAGE

(CARRY TO ITEM 13. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)

\$

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Missouri Ethics Commission
ADDENDUM STATEMENT

M.E.C. ID NO. C111209

INSTRUCTIONS ON REVERSE SIDE

PURPOSE: Form Addendum should be used for explanation of any additional information needed to complete an accurate filing of this report.

Debt Payment:

Reim to Mike Sleadd for campaign printing costs

Amount: 319.85